United Nations E/ICEF/1998/P/L.19/Add.1

Economic and Social Council

Distr.: Limited
7 July 1998

Original: English

United Nations Children's Fund
Executive Board
Second regular session 1998
8-11 September 1998
Item 7 of the provisional agenda*

For action

Country programme recommendation**

Pakistan

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1998 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Pakistan for the period 1999 to 2003 in the amount of $56,943,000 from general resources, subject to the availability of funds, and $35,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

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The situation of children and women

1. The situation of children in Pakistan has improved in several respects over the country's 51 years of independence. Infant mortality is estimated to have fallen from 152 per 1,000 live births in 1962 to at most 105 and perhaps as low as 86 in 1997. Coverage of child immunization expanded to a sustained level of over 70 per cent. In 1992, the Social Action Programme (SAP) was launched with a focus on primary health care (PHC), basic education, water and sanitation, and population. Thousands of communities around the country have benefited from staff development and improved physical facilities of health services, although progress has been uneven.

2. Pakistan was one of the conveners of the World Summit for Children in 1990, a signer of the Summit's Declaration, and among the first countries to formulate a follow-up National Programme of Action. The country ratified the Convention on the Rights of the Child in 1991 and is currently completing a first periodic report, with widespread participation from the Government and civil society. For the first time, a number of subjects related to the rights of children and women have been open for public dialogue, including child labour and violence against women.

3. Despite this progress, the situation of many children and women in Pakistan remains in urgent need of attention. Nearly one third of Pakistan's 139 million people live in poverty. An estimated one in seven children does not survive to his/her fifth birthday. Little data are available on children from marginalized groups and those living in urban slums and remote rural regions.

4. Social indicators vary greatly among and within the four provinces, but children and women face many of the same problems regardless of where they live. Pakistan has experienced a considerable rural-urban migration, which has left many families without the traditional mechanisms of social support provided by the extended family and village community. As a result, practices such as breastfeeding and family-based child-rearing are at risk. The provision of services for children has had to compete for resources with infrastructure, defense and debt servicing. However, the Government has sought to protect the budget of its large SAP from cuts.

5. About 700,000 young children die each year. The immediate causes include diarrhoeal diseases, acute respiratory infections (ARI), measles, malaria and neonatal tetanus. Poor hygiene practices, limited access to health services and sanitary facilities, inadequate quality of health care and lack of knowledge underlie the immediate causes.

6. The country's roughly estimated maternal mortality rate of 350 per 100,000 live births translates into about 18,000 maternal deaths per year. Many more women face lifelong painful and disabling complications. About 82 per cent of deliveries take place at home with untrained attendants and scant referral or back-up support to handle complications or emergencies. Thus, many die from haemorrhage, infection, hypertension, obstructed labour and abortions.

7. While more than 70 per cent of households have access to clean drinking water, only about 15 per cent of the population have a sanitation system of closed drains, and 56 per cent have access to toilets. Lack of awareness of the links between sanitation and health, the rapidly expanding population and inadequate coordination of services all represent challenges to improved hygiene and environmental sanitation. In the meantime, an estimated 250,000 people, mostly children, die each year from water-borne diarrhoeal diseases.

8. Some 25 per cent of babies are born under weight, and about 500,000 children under five years old are malnourished due to inadequate breastfeeding, poor complementary feeding practices and micronutrient deficiencies. These are compounded by frequent infections and inadequate caring practices. Thirty-one per cent of adult women suffer from anaemia, accounting for an estimated 30 per cent of maternal mortality. About one half of the population is at risk of iodine deficiency disorders (IDD). There has been uneven progress in the promotion and consumption of iodized salt, and initial surveys reveal some evidence of vitamin A deficiency.

9. It is reported that 51 per cent of men, but only 28 per cent of women are literate. Positive attitudes towards girls' education are spreading gradually, but overall enrolment and completion rates, as well as achievement levels, remain low. Approximately one in three children never enrols in the formal primary education system. Irrelevant curricula, uninspiring teaching practices and the cost of books, in particular, discourage some poor parents from enrolling their children.

10. Forced by poverty, some families send their children to work at an early age so they may contribute to the family income. A Government/International Labour Organization (ILO) study indicates that at least

3.3 million children between the ages of 5-14 years are employed in manufacturing and services. Many more are working in agriculture, domestic service and informal sectors. Most working children never attend school or drop out. Existing legislation is often inadequately enforced. Child labour is discussed increasingly in public forums. Local initiatives to date include the establishment of rehabilitation centres and community education.

11. The girl child experiences various deprivations which have their roots in socio-cultural values and practices. Studies and observation indicate that, in many instances, girl children benefit less frequently from health services, and within poor families, have less access than boys to nutritious food. Whereas 49 per cent of boys complete primary education, only 25 per cent of girls achieve the same level. Two thirds of women have never attended school. The country's high level of maternal mortality and violence against women are other manifestations of the cultural and social bias against women.

Programme cooperation, 1996-1998

12. The 1996-1998 "bridging" programme drew on previous programme experience and synchronized UNICEF cooperation with the Government's planning cycle. It began the shift from a needs-based to a rights-based approach, which entails promoting, protecting and fulfilling children and women's rights through participatory processes. The programme has focused systematically on improving the quality of services, non-discrimination and community participation. The primary focus continues to be on involving women and children, especially girls, as partners as well as beneficiaries. Selected goals from the Government's National Plan of Action served as the basis of this cooperation. Empowerment, capacity- building, partnerships and communication were stressed. Programmatic emphasis was placed on striking the optimum balance among advocacy, capacity-building and service delivery.

13. In child health, the focus has been on children's right to survival and development. The emphasis of UNICEF support gradually changed from service delivery to capacity-building and advocacy. Thousands of lady health workers (LHWs) received ongoing training and supervision in preventing and treating the main causes of morbidity and mortality. National Immunization Days (NIDs) aimed at polio eradication, as well as the overall expanded programme on immunization (EPI), were supported. The Boy Scouts were involved in educating the community in the correct management of diarrhoeal diseases with oral rehydration therapy.

14. There was a greater focus on women's health with the convening of a Pakistan National Forum on Women's Health. The Forum continues as a standing alliance of the Government, professional groups, non-governmental organizations (NGOs) and donors to promote women's health as a basic human right and to coordinate work on maternal health and safe motherhood in particular. The National Programme of PHC placed 42,000 LHWs in villages and urban areas throughout the country. The programme also promoted safe delivery practices through the training of traditional birth attendants under safe motherhood projects in selected districts. Work to improve the availability of emergency obstetric care was initiated in three districts. UNICEF supported a few NGOs in raising community awareness of HIV/AIDS.

15. UNICEF continued to advocate and provide technical support for legislation to regulate the marketing of artificial infant feeding products and for salt iodization against IDD. The salt iodization process as well as the promotion of consumption were supported. Assessments of vitamin A, iron and zinc deficiencies in children were undertaken. At the district level, UNICEF promoted breastfeeding through the Baby-Friendly Hospital Initiative, and at the community level, LHWs were trained in growth promotion and monitoring in order to identify children at risk of malnutrition.

16. In education, the focus has been on the participation in and completion of primary education, especially for girls. Support also was given to addressing learning outcome. Community, NGO and government partnerships were promoted through capacity-building for school management committees and parent-teacher associations. On a trial basis, district and subdistrict educational data were improved to better monitor goal achievement. Monitoring children's learning was initiated with the development of the Minimum Learning Levels. A joint UNICEF/United Nations Educational, Scientific and Cultural Organization (UNESCO) project in achievement testing was launched and incorporated into the SAP.

17. Low-cost, community-based hand-pumps have been developed and promoted since 1992. The Government approved new policies for community participation in planning, execution and maintenance for water and sanitation. However, actual implementation was neither strong nor widespread. Among promising initiatives to broaden progress have been the creation of informal

groups organized by female water and sanitation promoters and school sanitation projects.

18. In the area of planning, monitoring and evaluation, support was initiated for a participatory planning process at the community level. In pilot areas, sentinel community surveillance (SCS) techniques were applied to collect data on major problems affecting children and women. Women's groups were involved in designing community-level action plans to address their own problems. Initiatives to compile disaggregated indicators were supported, and a situation analysis database was developed.

19. Much of the cooperation in advocacy, social mobilization and communication concentrated on raising awareness of children's and women's rights, and on communicating basic health and nutrition information. Communications support was provided for NIDs. Advocacy and social mobilization efforts promoted girls' education and the legislative framework on child survival, development and protection issues. Support was provided to assist the Government and NGOs in better implementing laws on registration at birth. Capacity-building efforts focused on social welfare officers and NGOs for monitoring violations of children's rights at the district level.

20. The focus district programme concentrated on improving the management and relevance of social service delivery at district and local levels. It included collecting baseline data to measure the effectiveness of interventions for children and women and to identify high impact activities. The programme facilitated dialogue among partners and involved people in assessing their situation and prioritizing actions. The process facilitated the sharing of information and analysis with the education sector as an entry point.

Lessons learned

21. Experience of the last two years underlined the importance of continuing advocacy for children's rights with political leadership, in government service and throughout civil society. As these rights are understood and the obligations of various parties appreciated, a stronger foundation for action will be established. Ensuring community participation in planning, assessment and analysis is essential.

22. A Government-led partnership on good governance has highlighted the importance of strengthening social service management and reinforcing community participation. Results include increased decentralization of social service planning, management and monitoring to provincial and district levels, which enhance a sense of ownership and responsibility among district managers, community leaders and families.

23. Addressing gender disparities remains a challenge. The experience of the focus district project and NIDs has shown that the involvement of women can significantly improve coverage and impact. The need for special measures to address the needs of the girl child is clear.

24. The lack of reliable disaggregated data for planning and monitoring hampered strategy formulation and target setting. Although SCS and other early initiatives look promising, they will need continued advocacy at all levels to secure commitment and resources.

25. Promoting a rights outlook, good governance, gender concerns and improved data requires considerable advocacy and capacity-building. This is essential if the investments in services by the Government, communities and donors are to yield benefits for children and their families. For UNICEF this requires "people intensive" work over and above routine programme management and monitoring. Advocacy, ongoing technical advice and overall facilitating represent an essential UNICEF programme input, whether undertaken by staff or consultants.

26. The current programme's experience has demonstrated further the value of coordination among relevant United Nations agencies as well as among all donors. United Nations Development Programme (UNDP)-UNICEF cooperation in defining governance issues has strengthened that element of the programme. An informal multi-donor group on gender issues has enhanced coordinated advocacy and support to Beijing follow-up. A United Nations system group works increasingly with the bilateral and international financial institutions group supporting the SAP on policy and monitoring.

Recommended programme cooperation, 1999-2003

General resources: $56,943,000
Supplementary funding: $35,500,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Child health	6 947	9 000	15 947
Women's health	6 899	5 000	11 899
Nutrition	6 078	5 000	11 078
Education	8 248	4 500	12 748
Sanitation, water, environmental education and technology	7 813	7 000	14 813
Focus district	2 602	1 000	3 602
Advocacy and communication	6 511	2 500	9 011
Planning, monitoring and evaluation	4 340	1 000	5 340
Cross-sectoral costs	7 505	-	7 505
Total	**56 943**	**35 000**	**91 943**

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

27. The proposed country programme was developed through a participatory process involving federal and provincial agencies, NGOs, bilateral donors, the staff of UNICEF and United Nations Development Group (UNDG) partners, as well as the World Bank, the World Health Organization (WHO), UNESCO and ILO. A comprehensive situation analysis was undertaken, as well as a thorough review of the ongoing programme. With the participation of several partners, programme strategies were developed and subsequently reviewed in a series of consultative meetings. To develop the objectives of the proposed country programme and define project areas, a country programme crafting workshop was held.

Programme objectives and strategies

28. Through the proposed country programme, UNICEF will support the Government and its partners in working towards fulfilling the rights of children and selected goals for children and women by year 2003. The basic principles of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women provide the ethical framework. The goals and objectives of the programme evolve from Pakistan's National Health Policy, the SAP and policies articulated by the UNICEF Executive Board. The programme aims to: (a) enhance political commitment to the rights of children and women; (b) facilitate the revision and enforcement of the required legislation; and (c) ensure the allocation of the necessary resources, with a goal of 20 per cent of total Government expenditure for social sectors. The programme is committed to the reduction of gender disparity which will include work towards a national consensus on measures to achieve equity for women and girls in relation to policies and access to services.

29. The main objectives of the programme are to: (a) reduce infant and under-five morbidity and mortality through immunization, and correct case management of ARI, diarrhoeal diseases and other illnesses; (b) empower families and communities with understanding so that they may take actions to improve the health of women and girls; (c) improve the nutritional status of children and women in an equitable and sustainable manner; (d) increase primary school participation,

completion and achievement for all children aged 5-9 years, especially girls and potential child labourers, (e) reduce diarrhoeal diseases by promoting a healthy environment at household and community levels, including improved access to safe water and sanitation; (f) link community views, survey results and local services with community and district strategies and activities for social development in selected districts; (g) raise awareness among parliamentarians, policy makers and civil society, especially families, on their responsibilities towards fulfilling the rights of children and women; and (h) strengthen and streamline social development processes in social sectors and at provincial and district levels to enhance the relevance, efficiency and effectiveness of services for children and women.

30. The country programme has a set of guiding strategies related to rights, participation, governance and partnership. Its action strategies include advocacy, capacity-building and service delivery, with the mix varying among issues and provinces. Partnerships for advocacy, capacity-building, planning and action will be built among communities, government agencies, political leaders, NGOs, the private sector and donors.

31. Through advocacy and capacity-building, the country programme also aims to empower low-income people, in particular children and women, to claim their rights. Advocacy efforts are aimed at influencing values, attitudes, policies, legislation, plans and programmes in favour of the rights of children and women. Analysis from a rights perspective will assess how socio-cultural and religious practices, legislation, public policy and national institutions affect the realization of children and women's rights. Capacity-building will be supported in a number of areas, including participatory survey methods, data analysis, district planning, project management and monitoring, and social mobilization and advocacy. This will involve support to government institutions, particularly at district and provincial levels, as well as to communities, NGOs and other civil society bodies.

32. Broad community participation for problem solving is a key step to increase the understanding of all members of society about their responsibilities and roles in fulfilling the rights of others. All programmes will contribute to community-based participation in projects and services as well as increased "community say" in governance processes.

33. All projects will aim to reduce gender disparity, ensuring services and benefits for women and girls. The programme will support women in decision-making, promotion and in service roles such as health workers, schoolteachers, community organizers and educators. The special needs of the girl child will be taken into account throughout the programme.

34. Governance programming includes capacity-building and strengthening civil society, decentralizing and supporting district-level programme managers, and developing an effective, transparent system of delivery and accountability. UNICEF and UNDP will collaborate closely in this area.

35. The programme aims to mobilize maximum resources to enhance the rights of children and women at all levels. This includes influencing federal and provincial budgets, community and family expenditures, and allocations of other donors, NGOs and the private sector. Technical support will be provided to strengthen a child rights focus within the SAP.

Child health

36. This programme will focus on selected national goals for 2003. It will support the target of having at least one LHW in every village or one per 1,000 families in underprivileged urban areas. The programme will continue to include EPI, and the control of ARI and control of diarrhoeal diseases. The Integrated Management of Childhood Illnesses will be introduced.

Women's health

37. The programme recognizes that women's health is dependent on their status in society and will deal with women's health as a basic human right. Major activities will focus on advocacy and social mobilization, the promotion of clean delivery practices, improving access to and the availability of emergency obstetric services, and community education. With Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS) partners, awareness and education about HIV transmission and prevention will be supported among communities, schoolchildren and selected high-risk groups.

Nutrition

38. The main objective of this programme is to reduce the prevalence of low birth weight to 10 per cent and of under-weight children under five years old to 15 per cent. Activities will include strengthening nutrition-related policy, planning and monitoring by creating awareness of the causes and consequences of malnutrition and mobilizing action at all levels. The prevention and control of micronutrient deficiencies to eliminate IDD and vitamin A deficiency, as well as efforts to

reduce anaemia in women to 30 per cent, also will be supported. Support will continue for baby- and mother-friendly hospital initiatives to cover all facilities delivering more than 500 babies per year. Community-based nutrition initiatives will be launched in selected districts.

Education

39. The main objective of this programme is to achieve universal access to primary education, with 90 per cent completion, for children between 5-9 years old. The programme will focus especially on girls and child labourers and potential labourers in Sialkot District. Non-formal education will be supported primarily in areas of with high levels of child labour. Some survey and pilot work on early childhood care will be undertaken to promote the holistic development of children under the age of five years in selected deprived rural and urban areas.

Sanitation, water, environmental education and technology

40. The programme will support the goal of universal access to safe water supply and environmental sanitation. It aims to increase access to a source of potable water within 100 metres of low-income rural and urban households. The programme will support institutional, societal and behavioural change to increase rural sanitation coverage from the current 32 to 60 per cent. Activities will include advocacy and social mobilization efforts, facilitation and sustainability efforts, and a village school project.

Focus district

41. This programme will continue to develop and test ways of supporting district teams to meet the needs of children and women. It will develop alliances between service providers and communities, and involve people in setting priorities for, and contributing to, their own development. The process will be documented, shared and debated to enable learning and expansion. Activities at the provincial level have been selected according to needs, resources and opportunities in specific settings.

Advocacy and communication

42. UNICEF support will focus on engaging communities in the realization of the rights of children and women, and strengthening dialogue between the Government and civil society. Support will be provided for the review, revision and enforcement of laws that promote and protect the rights of children and women. The capacity of NGOs, government agencies, courts, police and communities to monitor violations of rights and raise awareness will be enhanced. Special attention will be given to protecting children from exploitative and hazardous occupations, and girls and women from discrimination and violence. This is among the most "people intensive" aspect of UNICEF support.

Planning, monitoring and evaluation

43. Working with the Government and NGOs, the programme aims to strengthen processes in planning and monitoring social development, especially in monitoring phase two of SAP. Concerted efforts will be made to institutionalize community feedback and action-based planning at district and provincial levels. Subject and subnational databases will be developed, and their use promoted for planning and monitoring, especially at the local level. Focused evaluations will be carried out to assist the public sector in better targeting investments in social development.

Programme management

44. As the Government's focal point for cooperation with UNICEF, the Ministry of Health will ensure the cooperation of other ministries, promote information exchange and convene regular reviews. The Planning Commission will provide guidance on monitoring and evaluation as well as facilitate linkages between the country programme and the Governments's Ninth Five-Year Plan and SAP. The provincial Planning and Development Departments are responsible for coordination at the provincial level. Within the framework of the master plan of operations, programme plans will be developed with line ministries, provincial departments and district authorities.

Cooperation with United Nations agencies and other partners

45. The United Nations system in Pakistan collaborates with the Government and other donors on the SAP and in areas such as gender and governance. UNDG agencies in the country, UNDP, the United Nations Population Fund (UNFPA), the World Food Programme, the United Nations Drug Control Programme and UNICEF are building programme coordination. Programme- and project-level cooperation will be strengthened further with these partners as well as with ILO, UNAIDS, UNESCO and WHO. Cooperation will continue with bilateral partners, including the Governments of Australia (rights communication), Canada and

Japan (NIDs), the Netherlands (education), Norway (child labour), Switzerland (women's development) and the United Kingdom (PHC), as well as with the European Union, the World Bank and the Asian Development Bank (women's health). Coordinating mechanisms include the Multi-Donor SAP Steering Committee, of which UNICEF, UNDP and UNFPA are members.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Pakistan	(1996 and earlier years)			UNICEF country classification
Under-five mortality rate		136	(1996)	High U5MR
Infant mortality rate		95	(1996)	Very High IMR
GNP per capita *	$	480	(1996)	Low GNP
Total population		140.0 million	(1996)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1996
Births	(thousands)	3124	3801	4898	5207
Infant deaths (under 1)	(thousands)	369	411	475	495
Under-five deaths	(thousands)	572	612	676	708
Under-five mortality rate (per 1,000 live births)		183	161	138	136
Infant mortality rate (under 1) (per 1,000 live births)		118	108	97	95

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987/1995)	Moderate & severe	52	38
	Severe	10	13
Babies with low birth weight (%, 1985)		25	..
Primary school children reaching grade 5 (%, 1980/1990)		44	48

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1995)	..	16
Timely complementary feeding rate (6-9 mos.)(%, 1995)	..	31
Continued breast-feeding rate (20-23 mos.) (%, 1995)	..	56
Prevalence of wasting (0-59 mos.) (%, 1987/1991)	15	9
Prevalence of stunting (0-59 mos.) (%, 1987/1991)	46	50
Total goitre rate (1986)	..	32
Household comsuming iodized salt (%, 1995)	..	19

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	97
Routine EPI vaccines financed by government (%, 1996)		..	100
Access to safe water	Total	35	79
(% of population, 1980/1997)	Urban/rural	72 / 20	89 / 73
Access to adequate sanitation	Total	14	56
(% of population, 1980/1997)	Urban/rural	42 / 2	93 / 39
Births attended by trained personnel (%, 1987/1997)		60	18
Maternal mortality rate (per 100,000 live births, 1990)		..	340

Immunization		1981	1985	1990	1996
One-year-olds (%) immunized against:	Tuberculosis	11	41	87	93
	DPT	3	30	96	77
	Polio	3	30	83	77
	Measles	2	23	75	78
Pregnant women (%) immunized against:	Tetanus	1	9	87	54

TABLE 1 (continued)

Pakistan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	39 / ..	72 / 42
(%, 1980/1996)	Male	51 / ..	80 / 46
	Female	27 / ..	64 / 37
Secondary enrolment ratio (gross/net)	Total	14 / ..	26 / ..
(%, 1980/1991)	Male	20 / ..	33 / ..
	Female	8 / ..	17 / ..
Adult literacy rate, 15 years & older	Total	27	38
(%, 1980/1995)	Male/female	38 / 15	50 / 24
Radio/television sets (per 1,000 population, 1980/1995)		64 / 11	92 / 20

DEMOGRAPHIC INDICATORS		1970	1980	1990	1996	2000
Total population	(thousands)	65706	85299	119141	139973	156007
Population aged 0-17 years	(thousands)	34910	43770	58694	68346	75121
Population aged 0-4 years	(thousands)	12129	14476	20665	22773	24017
Urban population (% of total)		24.9	28.1	31.9	35.0	37.0
Life expectancy at birth	Total	49	55	60	63	65
(years)	Male	49	54	59	62	64
	Female	49	55	61	64	66
Total fertility rate		7.0	6.8	5.8	5.2	4.8
Crude birth rate (per 1,000 population)		48	44	41	37	34
Crude death rate (per 1,000 population)		19	14	10	8	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1984/1991)		8	12
Population annual growth rate	Total	2.7	3.1
(%, 1965-1980/1980-1996)	Urban	3.8	4.5

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1985-1995)		1.8	1.2
Inflation rate (%, 1965-80/1985-95)		10	9
Population below $1 a day (%, 1991)		..	12
Household income share (%, 1985/1991)	Top 20%/bottom 40%	46 / 19	40 / 21
Government expenditure	Health/education	2 / 3	1 / 2
(% of total expenditure, 1980/1990)	Defence	31	31
Household expenditure (% share of total, 1980 or 1985)	Health/education	3 / 3	.. / ..
Official development assistance:	$US millions	1031	877
(1980/1996)	As % of GNP	4	1
Debt service (% of goods and services exports(1982/1995)		18	29

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-1998 a/

COUNTRY PAKISTAN
LATEST BOARD APPROVAL 1996
GENERAL RESOURCES $34,320,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1,915	1,587	704	27	600		519	77	3,738	6,033	1,691	6,768	5,429	12,801
Nutrition		12	88	1	257		1,482	190	1,827	3,181	203	6,255	2,030	9,436
Water supply and sanitation	2,717	177	214	35	341		13	83	3,285	4,664	295	10,500	3,580	15,164
Education	850	30	702	17	503		811	73	2,866	5,998	120	7,015	2,986	13,013
Social mobilization and advocacy	955	586	244	199	146	2	670	408	2,015	4,696	1,195	4,500	3,210	9,196
Planning and social statistics	288		31		153		1,299		1,771	3,266			1,771	3,266
Programme support	70				3,628		211		3,909	4,959			3,909	4,959
Integrated area-based programme c/										1,523				1,523
Emergency		17									17		17	
GRAND TOTAL	6,795	2,409	1,983	279	5,628	2	5,005	831	19,411	34,320	3,521	35,038	22,932	69,358

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as at closure 01, 30 April 1998.
b/ Actual GR expenditure includes allocations from global funds.
c/ Actual GR expenditure includes in the others programme areas.

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: PAKISTAN
PROGRAMME CYCLE : 1999-2003

		1999	2000	2001	2002	2003	TOTAL
PLANNING, MONITORING AND EVALUATION	GR	879,000	873,000	865,000	862,000	861,000	4,340,000
	FSF						
	NSF	500,000	500,000				1,000,000
	TOTAL	1,379,000	1,373,000	865,000	862,000	861,000	5,340,000
ADVOCACY AND COMMUNICATION	GR	1,318,000	1,310,000	1,298,000	1,293,000	1,292,000	6,511,000
	FSF						
	NSF	500,000	500,000	500,000	500,000	500,000	2,500,000
	TOTAL	1,818,000	1,810,000	1,798,000	1,793,000	1,792,000	9,011,000
CHILD HEALTH	GR	1,433,000	1,415,000	1,359,000	1,397,000	1,343,000	6,947,000
	FSF						
	NSF	2,500,000	2,000,000	2,000,000	1,500,000	1,000,000	9,000,000
	TOTAL	3,933,000	3,415,000	3,359,000	2,897,000	2,343,000	15,947,000
WOMEN'S HEALTH	GR	1,505,000	1,404,000	1,360,000	1,320,000	1,310,000	6,899,000
	FSF						
	NSF	400,000	400,000	1,500,000	1,500,000	1,200,000	5,000,000
	TOTAL	1,905,000	1,804,000	2,860,000	2,820,000	2,510,000	11,899,000
NUTRITION	GR	1,230,000	1,223,000	1,212,000	1,207,000	1,206,000	6,078,000
	FSF						
	NSF	750,000	1,250,000	1,000,000	1,000,000	1,000,000	5,000,000
	TOTAL	1,980,000	2,473,000	2,212,000	2,207,000	2,206,000	11,078,000
EDUCATION	GR	1,670,000	1,660,000	1,644,000	1,638,000	1,636,000	8,248,000
	FSF						
	NSF	750,000	750,000	1,000,000	1,000,000	1,000,000	4,500,000
	TOTAL	2,420,000	2,410,000	2,644,000	2,638,000	2,636,000	12,748,000
SWEET	GR	1,516,000	1,590,000	1,536,000	1,556,000	1,615,000	7,813,000
	FSF						
	NSF	500,000	1,150,000	1,475,000	1,800,000	2,075,000	7,000,000
	TOTAL	2,016,000	2,740,000	3,011,000	3,356,000	3,690,000	14,813,000
CROSS-SECTORAL COSTS	GR	1,390,000	1,450,000	1,523,000	1,566,000	1,576,000	7,505,000
	FSF						
	NSF						
	TOTAL	1,390,000	1,450,000	1,523,000	1,566,000	1,576,000	7,505,000
FOCUS DISTRICT	GR	526,000	523,000	519,000	517,000	517,000	2,602,000
	FSF						
	NSF		100,000	200,000	300,000	400,000	1,000,000
	TOTAL	526,000	623,000	719,000	817,000	917,000	3,602,000

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: PAKISTAN
PROGRAMME CYCLE : 1999-2003

		1999	2000	2001	2002	2003	TOTAL
TOTAL, PROGRAMME BUDGET	GR	11,467,000	11,448,000	11,316,000	11,356,000	11,356,000	56,943,000
	FSF						
	NSF	5,900,000	6,650,000	7,675,000	7,600,000	7,175,000	35,000,000
	TOTAL	17,367,000	18,098,000	18,991,000	18,956,000	18,531,000	91,943,000
STAFF COSTS a/		991,141	1,068,160	1,135,903	1,194,874	1,234,036	5,624,114
GENERAL OPERATING COSTS		691,500	678,500	681,500	723,600	746,600	3,521,700
TOTAL, ESTIMATE SUPPORT BUDGET		1,682,641	1,746,660	1,817,403	1,918,474	1,980,636	9,145,814
GRAND TOTAL		19,049,641	19,844,660	20,808,403	20,874,474	20,511,636	101,088,814

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

E/ICEF/1998/P/L.19/Add.1

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : PAKISTAN
PROGRAMME : 1999-2003

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PLANNING, MONITORING AND EVALUATIO	4,340,000			4,340,000	0	0	0	0.7	0	0	0.7	0.7	2	3.4	469,957	286,780	756,737
ADVOCACY AND COMMUNICATION	6,511,000			6,511,000	0	0	0	0	0	0	0	3	2	5	0	755,027	755,027
CHILD HEALTH	6,947,000			6,947,000	0	0	0.3	0	0	0	0.3	2.4	1.3	4	195,026	553,424	748,450
WOMEN'S HEALTH	6,899,000			6,899,000	0	0	0.3	0	0	0	0.3	2.4	1	3.7	195,026	526,496	721,522
NUTRITION	6,078,000			6,078,000	0	0	0.3	1	0	0	1.3	1.5	1.3	4.1	899,963	407,533	1,307,496
EDUCATION	8,248,000			8,248,000	0	0	1	0	0	0	1	7	2	10	780,095	1,447,173	2,227,268
SWEET	7,813,000			7,813,000	0	0	0.3	1	0	0	1.3	5	1.3	7.6	975,121	1,068,163	2,043,284
CROSS-SECTORAL COSTS	7,505,000			7,505,000	0	0	0	2	0	0	2	3	50	55	1,409,874	3,256,572	4,666,446
FOCUS DISTRICT	2,602,000			2,602,000	0	0	0	0.3	0	0	0.3	1.3	0	1.6	234,980	266,504	501,484
TOTAL GR	56,943,000			56,943,000	0	0	2.2	5	0	0	7.2	26.3	60.9	94.4	5,160,042	8,567,672	13,727,714
SUPPLEMENTARY FUNDING :																	
PLANNING, MONITORING AND EVALUATIO		0	1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY AND COMMUNICATION		0	2,500,000	2,500,000	0	0	0	0	0	0	0	1	0	1	0	147,129	147,129
CHILD HEALTH		0	9,000,000	9,000,000	0	0	0	0	0	0	0	1	0	1	0	147,129	147,129
WOMEN'S HEALTH		0	5,000,000	5,000,000	0	0	0	0	0	0	0	1	0	1	0	105,089	105,089
NUTRITION		0	5,000,000	5,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION		0	4,500,000	4,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SWEET		0	7,000,000	7,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FOCUS DISTRICT		0	1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	35,000,000	35,000,000	0	0	0	0	0	0	0	3	0	3	0	399,347	399,347
TOTAL GR & SF	56,943,000	0	35,000,000	91,943,000	0	0	2.2	5	0	0	7.2	29.3	60.9	97.4	5,160,042	8,967,019	14,127,061
SUPPORT BUDGET		Operating costs		3,521,700													
		Staffing			1	0	2	1	0	0	4	3	23	30	3,260,387	2,363,727	5,624,114

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/									STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GRAND TOTAL (GR + SF + SB)					1	0	4.2	6	0	0	11.2	32.3	83.9	127.4	8,420,429	11,330,746	19,751,175
Number of posts and staff costs:																	
Current programme cycle											10	24	83	117			
At the end of proposed programme cycle (indicative only)											11.2	32.3	83.9	127.4	8,420,429	11,330,746	19,751,175

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.